Privacy Impact Assessment / VA New Jersey Health Care - VistA

PRIVACY IMPACT ASSESSMENT 2008

INTRODUCTION:

Congress passed the E-Government Act of 2002 to encourage the use of Web-based Internet applications or other information technology by Government agencies, with the intention of enhancing access to government information and services and increasing the effectiveness, efficiency, and quality of government operations.

To combat public concerns regarding the disclosure of private information, the E-Government Act mandated various measures, including the requirement that Federal agencies conduct a Privacy Impact Assessment (PIA) for projects with information technology systems that collect, maintain, and/or disseminate "personally identifiable information" of the public. Personally identifiable information, or "personal information," is information that may be used to identify a specific person. Appendix A, "Applicable Legal and Regulatory Requirements" summarizes the applicable legal and regulatory requirements that are addressed by the PIA process.

Update regarding PIV projects: Federal Information Processing Standards Publication (FIPS PUB) 201 Personal Identity Verification (PIV) of Federal Employees and Contractors and subsequent OMB guidance explicitly require PIAs for PIV projects collecting any personal data, not just of the public.

Primary Privacy Impact Assessment objectives include:

o Ensure and promote the trust and confidence of Veterans and the general public.

o Ensure compliance with the eGov Act and other applicable privacy laws, regulations and policies, including the PIV regulations.

o Identify the risks and adverse effects of collecting, maintaining and disseminating personal information in electronic information systems.

o Evaluate and develop protections and alternative processes for handling information to mitigate potential privacy risks.

Additional important objectives include:

o Provide a mechanism for ensuring responsibility and accountability for privacy issues.

o Provide documented assurance that privacy, security and other vital data stewardship considerations are integrated into information technology systems, starting with the initial outlining of a project's objectives and data usage requirements and continuing through design, operation, maintenance and disposal.

o Ensure that decision-makers are provided the information required to make informed system design or procurement decisions, based on an understanding of privacy risk, and of options available for mitigating that risk.

o Greatly reduce the risk of needing to interrupt a program or service because privacy and other vital data stewardship considerations were not adequately addressed before the program or service was implemented.

o Promote awareness and understanding of privacy issues.

o Provide valuable documentation on the flow of personal information, and related privacy considerations and design decisions.

Completion of this PIA Form:

o Part I (Sections 1 and 2) of this form must be completed for all projects. Part I documents basic project information and establish whether a full PIA is required.

o This entire PIA Form (Parts I and II) must be completed/updated every year for all projects with information technology (IT) systems that collect, maintain, and/or disseminate "personally identifiable information" information that may be used to identify a specific person of the public, OR is a PIV project.

Important Note: While this form provides detailed instructions for completing a Privacy Impact Assessment for your project, support documents that provide additional guidance are available on the OCIS Portal (VA network access required).

Part I. Project Identification and Determination of PIA Requirement

1. PROJECT IDENTIFICATION:

1.1) Project Basic Information:

1.1.a) Project or Application Name:

REGION 4 > VHA > VISN 03 > New Jersey HCS > VistA - VMS

1.1.b) OMB Unique Project Identifier:

029-00-01-11-01-1180-00

1.1.c) Concise Project Description

Provide a concise description of the project. Your response will be automatically limited to approximately 200 words, and should provide a basic understanding of the project, and its most essential elements. (If applicable, use of personal data is to be described in Section 3.)

The *Veterans Health Information System and Technology Architecture (VistA) System* is designed to operate as a fully integrated clinical and administrative information source. As such, it processes clinical information, information covered by the Privacy Act & HIPAA (Health Insurance Portability and Accountability Act), PHI/*e*PHI (*Electronic* and Protected Health Information), financial records, and all other data necessary to run a tertiary medical center.

All clinical and most administrative functions within the physical confines of the NJ Data Center utilize the VistA Alpha cluster hosted at the Brooklyn data center to process clinical, financial or administrative data.

- Health Summary contains demographic data from the Patient Information Management System (PIMS) package
- Laboratory data from the Laboratory package
- Prescription data from the Pharmacy package
- Medical Administration, Primary Clinical Services, Radiology, Dietetics, Medical Records Tracking Surgery, Nursing Mental Health, Order Entry and/or reporting and integrated Funds Distribution, Control Point Activity, Accounting and Procurement (IFCAP) and certain management and administrative functions

VistA Legacy is structured so that it can be customized in certain specialized areas and most local medical centers have taken advantage of this flexibility. Applications within VistA Legacy support a multitude of

areas including medical imaging, supply management, decision support, medical research, and education. VHA began deploying DHCP in 1982 with a core set of applications. Today, VistA Legacy is one of the most comprehensive integrated health information systems in the United States. Since episode-of-care workload reporting was an initial motivation for corporate databases, most of VHA's corporate systems collect their information from VistA Legacy. Recent enhancements have clearly shifted the focus from workload to enabling the integration of clinical information from various disciplines, forming the basis for an automated and distributed health information system**.**

1.1.d) Additional Project Information (Optional)

The project description provided above should be a concise, stand-alone description of the project. Use this section to provide any important, supporting details.

The national VistA PIA is an attachment to this document.

1.2) Contact Information:

1.2.a) Person completing this document: Kathleen A. Devierno	
Title: Information Security Officer	
Organization: Office of Information & Technology	
Telephone Number: (908) 604-5299	
Email Address: Kathleen.DeVierno@va.gov	
1.2.b) Project Manager: Hitarth Bhatt VISN 3	
Title:	
Organization:	
Telephone Number:	
Email Address:	
1.2.c) Staff Contact Person: Julie Ciuro	
Title: Project Manager	
Organization: Office of Information & Technology	
Telephone Number: (908) 647-0180 ext. 4875	
Email Address: Julie.Ciuro@va.gov	

ADDITIONAL INFORMATION: If appropriate, provide explanation for limited answers, such as the development stage of project.

		SECTION INCOMPLETE
	x	**SECTION COMPLETED**
		I have completed and reviewed my responses in this section.
**	**NOTE:**	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "Yes" and submit again.
		Section Update Date

Section 1 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
		The Privacy Service has reviewed and approved the responses in this section.
**	**NOTE:**	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
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		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

2. DETERMINATION OF PIA REQUIREMENTS:

A privacy impact assessment (PIA) is required for all VA projects with IT systems that collect, maintain, and/or disseminate personally identifiable information (PII) of the public, not including information of Federal employees and others performing work for VA (such as contractors, interns, volunteers, etc.), unless it is a PIV project. All PIV projects collecting any PII must complete a PIA. PII is any representation of information that permits the identity of an individual to be reasonably inferred by either direct or indirect means. Direct references include: name, address, social security number, telephone number, email address, financial information, or other identifying number or code. Indirect references are any information by which an agency intends to identify specific individuals in conjunction with other data elements. Examples of indirect references include a combination of gender, race, birth date, geographic indicator and other descriptors.

2.a) Will the project collect and/or maintain personally identifiable information in IT systems?

yes

2. b) Is this a PIV project collecting PII, including from Federal employees, contractors, and others performing work for VA?

No

If "YES" to either question then a PIA is required for this project. Complete the remaining

questions on this form. If "NO" to both questions then no PIA is required for this project. Skip to section 13 and affirm.
2.c) Has a previous PIA been completed within the last three years?
VANJHCS VistA PIA : No
2.d) Has any changes been made to the system since last PIA?
VANJHCS VistA PIA: N/A
ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)
VANJHCS VistA PIA: N/A

		SECTION INCOMPLETE
	x	**SECTION COMPLETED**
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Section 2 Review:

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PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

Part II. Privacy Impact Assessment

3. PROJECT DESCRIPTION:
The purpose of NIST SP 800-60 is to address recommending the types of information and information systems to be included in each category of potential security impact. Using NIST SP800-60, enter the information requested to describe the project.
3.a) Provide a concise description of why personal information is maintained for this project, such as determining eligibility for benefits or providing patient care.
All information is necessary in order to provide congressionally mandated health care to Veterans.
3.b) What specific legal authorities authorize this project, and the associated collection, use, and/or retention of personal information?
Title 38, United States Code, section 7301 (a).
3.c) Identify, by selecting the appropriate range from the list below, the approximate number of individuals that (will) have their personal information stored in project systems.
50,000 to 100,000
3.d) Identify what stage the project/system is in: (1) Design/Planning, (2) Development/Implementation, (3) Operation/Maintenance, (4) Disposal, or (5) Mixed Stages.
(3) Operation/Maintenance
3.e) Identify either the approximate date (MM/YYYY) the project/system will be operational (if in the design or development stage), or the approximate number of years that the project/system has been in operation.
The system has been operational for approximately 25 years.
ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

		SECTION INCOMPLETE
	X	**SECTION COMPLETED**
		I have completed and reviewed my responses in this section.
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Section 3 Review:

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		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

4. SYSTEM OF RECORDS:

The Privacy Act of 1974 (Section 552a of Title 5 of the United States Code) and VA policy provide privacy protections for employee or customer information that VA or its suppliers maintain in a System of Records (SOR). A SOR is a file or application from which personal information is retrieved by an identifier (e.g. name, unique number or symbol). Data maintained in a SOR must be managed in accordance with the requirements of the Privacy Act and the specific provisions of the applicable SOR Notice. Each SOR Notice is to be published in the Federal Register. See VA Handbook 6300.5 "Procedures for Establishing & Managing Privacy Act Systems Of Records", for additional information regarding Systems of Records.

4.a) Will the project or application retrieve personal information on the basis of name, unique number, symbol, or other identifier assigned to the individual?

If "No" then skip to section 5, 'Data Collection'.

Yes

4.b) Are the project and/or system data maintained under one or more approved System(s) of Records?

IF "No" then SKIP to question 4.c.

Yes

4.b.1) For each applicable System of Records, list:

(1) The System of Records identifier (number),

79VA19

(2) The name of the System of Records, and

VistA-VA

(3) Provide the location where the specific applicable System of Records Notice(s) may be accessed (include the URL).

http://vaww.vhaco.va.gov/privacy/SystemofRecords.htm

IMPORTANT: For each applicable System of Records Notice that is not accessible via a URL: (1) Provide a concise explanation of why the System of Records Notice is not accessible via a URL in the "Additional Information" field at the end of this section, and (2) Send a copy of the System of Records Notice(s) to the Privacy Service.

4.b.2) Have you read, and will the application comply with, all data management practices in the System of Records Notice(s)?

Yes

4.b.3) Was the System(s) of Records created specifically for this project, or created for another project or system?
Created for this project
If created for another project or system, briefly identify the other project or system.
4.b.4) Does the System of Records Notice require modification?
If "No" then skip to section 5, 'Data Collection'.
No
4.b.5) Describe the required modifications.
4.c) If the project and/or system data are not maintained under one or more approved System(s) of Records, select one of the following and provide a concise explanation.
Explanation:
ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

		SECTION INCOMPLETE
	X	**SECTION COMPLETED**
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Section 4 Review:

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		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

5. DATA COLLECTION:

5.1 Data Types and Data Uses

FIPS 199 establishes security categories for both information and information systems. The security categories are based on the potential impact on an organization should certain events occur which jeopardize the information and information systems needed by the organization to accomplish its assigned mission, protect its assets, fulfill its legal responsibilities, maintain its day-to-day functions, and protect individuals. Security categories are to be used in conjunction with vulnerability and threat information in assessing the risk to an organization. Identify the types of personal information collected and the intended use(s) of that data:

a) Select all applicable data types below. If the provided data types do not adequately describe a specific data collection, select the "Other Personal Information" field and provide a description of the information.

b) For each selected data type, concisely describe how that data will be used.

Important Note: Please be specific. If different data types or data groups will be used for different purposes or multiple purposes, specify. For example: "Name and address information will be used to communicate with individuals about their benefits, while Name, Service, and Dependent's information will be used to determine which benefits individuals will be eligible to receive. Email address will be used to inform individuals about new services as they become available."

Y	**Veteran's or Primary Subject's Personal Contact Information (name, address, telephone, etc.)**

Specifically identify the personal information collected, and describe the intended use of the information.

The most common data types that are captured and accessed on a regular basis by authorized individuals are first and last name, middle initial, DOB, SSN, and address. This patient information falls into two classes: administrative and clinical. Clinical information is used to diagnose, prescribe treatment and follow clinically the patient through his/her health care encounters. Administrative data is used to identify the veteran (SSN), correspond to/from (name and address), and determine eligibility (patient administrative info + SSA and IRS data). The system also maintains files on employees that include: name, address, DOB, Social Security number, etc. These files are created to identify system users and employment information.

Y	**Other Personal Information of the Veteran or Primary Subject**

Specifically identify the personal information collected, and describe the intended use of the information.

Insurance number, mother's maiden name, place of birth, marital status, religion, next of kin.

Information is needed to determine eligibility of veteran.

Y	**Dependent Information**

Specifically identify the personal information collected, and describe the intended use of the information.

Correspondence, address/phone numbers, social security numbers, financial information, insurance information

Information needed to determine veteran's benefits

y	**Service Information**

Specifically identify the personal information collected, and describe the intended use of the information.

Military Service Information (Branch of service, discharge date, discharge type, service connection rating, medical

conditions related to military service, etc). This information is collected to assess eligibility for VA healthcare benefits, type of healthcare needed.

y	**Medical Information**

Specifically identify the personal information collected, and describe the intended use of the information.

VistA-Legacy applications and meet a wide range of health care data needs. The VistA-Legacy system operates in medical centers, ambulatory and community-based clinics, nursing homes and domiciliary, and thus collects a wide range of personal medical information for clinical diagnosis, treatment, patient evaluation, and patient care. Common types of personal medical information would include lab test results, prescriptions, allergies, medical diagnoses, vital signs, etc. The information is used to treat and care for the veteran patient. Clinical information from VA and DoD is used in the diagnosis and treatment of the veteran.

N	**Criminal Record Information**

Specifically identify the personal information collected, and describe the intended use of the information.

Y	**Guardian Information**

Specifically identify the personal information collected, and describe the intended use of the information.

Next of kin, DNR instructions, health care proxy designation. This information is used in the notification process and as required for medical decisions.

y	**Education Information**

Specifically identify the personal information collected, and describe the intended use of the information.

Veteran education information is in the veteran's medical record and is needed to assist in treatment.

Employee education is captured in VistA and is part of the Employee Record Screen.

y	**Rehabilitation Information**

Specifically identify the personal information collected, and describe the intended use of the information.

Treatment notes, progress notes, clinical assessments, clinical diagnosis information is collected. Used in follow-up treatment and as part of the medical history.

y	**Other Personal Information (specify):**

The "Other Personal Information" field is intended to allow identification of collected personal information that does not fit the provided categories. If personal information is collected that does

not fit one of the provided categories, specifically identify this information and describe the intended use of the information.

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

Next-of-kin information and emergency contact information, such as name and telephone number, is collected from the veteran to use to contact other individuals in case of an emergency. In addition insurance and employment information is available on the veteran for use in billing for care.

		SECTION INCOMPLETE
	X	**SECTION COMPLETED**
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Section 5.1 Review:

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PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

5.2 Data Sources

Identify the source(s) of the collected information.

a) Select all applicable data source categories provided below.

b) For each category selected:

i) Specifically identify the source(s) - identify each specific organization, agency or other entity that is a source of personal information. ii) Provide a concise description of why information is collected from that source(s). iii) Provide any required additional clarifying information.

Your responses should clearly identify each source of personal information, and explain why information is obtained from each identified source. (Important Note: This section addresses sources of personal information; Section 6.1, "User Access and Data Sharing" addresses sharing of collected personal information.)

Note: PIV projects should use the "Other Source(s)" data source.

yes	**Veteran Source**

Provide a concise description of why information is collected from Veterans. Provide any required additional, clarifying information.

Data used to identify the veteran, determine eligibility for care, schedule treatment and manage the provided care

no	**Public Source(s)**

i) Specifically identify the Public Source(s) - identify the specific organization(s) or other entity(ies) that supply personal information. ii) Provide a concise description of why information is collected from each identified source. iii) Provide any required additional, clarifying information.

yes	**VA Files and Databases**

i) Specifically identify each VA File and/or Database that is a source of personal information. ii) Provide a concise description of why information is collected from each identified source. iii) Provide any required additional, clarifying information.

Patient data exchange
Regiser One
VBA
OIG
HEC
For VistA legacy, the Patient File is used to store and make inquiries of personally identifiable information about the veteran, previous clinical records, clinical information, drug information as needed to provide treatment and reimbursement. The New Person file is used to store and make

inquiries in reference to past and present employees in the medical center.

Hospital Inquiry (HINQ) is a request that is sent to the VBA (Veterans Benefits Administration) from the VA Medical Center for information pertaining to a veteran. HINQ requests are sent from a **V*IST*A** computer over TCP/IP to a remote VBA computer via the Austin Automation Center (AAC) where veteran information is stored. Requests are processed by the VBA computer and returned via to the AAC and then to the **V*IST*A** computer.

Income Verification Match (IVM)
This is used to upload demographic, insurance and ssn information which has been transmitted to the facility from the IVM Center. This information was collected during the Means Test verification process by IVM personnel.

Master Patient Index (Austin)
The Master Patient Index (MPI) is located at the Austin Automation Center (AAC). It is composed of a unique list of patients and a current list of VAMCs (Veterans Affairs Medical Centers) where each patient has been seen as well as any other systems of interest for these patients. This enables the sharing of patient data between operationally diverse systems. Each record (or index entry) on the MPI contains multiple demographic fields.
MPI (Austin) refers to the actual index located at the Austin Automation Center (AAC). MPI/PD (VistA) refers to the software that resides in VistA at sites and sends patient data to the MPI (Austin) and to other sites where a patient has been seen. These terms i.e., MPI (Austin) and MPI/PD (VistA) are used throughout this manual only when it is not obvious to which component of the MPI the documentation is referring. Otherwise, the reader should assume the information is referring to MPI/PD (VistA).
Overview
Master Patient Index/Patient Demographics (MPI/PD) was developed to initialize active patients to the Master Patient Index (MPI) and to establish the framework for the sharing of patient information between sites. During the process of initialization to the Master Patient Index, each active patient received:

- An Integration Control Number (ICN)
- A Coordinating Master of Record (CMOR)
- A Treating Facility List of sites where the patient is also known by this ICN

Each site becomes part of the network of sites that share key demographic data for patients via HL7 messaging. Master Patient Index VistA (MPI) and Patient Demographics (PD) were distributed and installed together. This manual covers the functionality of both packages.
The objectives of the MPI/PD VistA are to:

- Create an index that uniquely identifies each active patient treated by the Veterans Administration.
- Identify the sites where a patient is receiving care.

This is crucial to the sharing of patient information across sites.

History
MPI/PD was originally part of the Clinical Information Resource Network (CIRN) project. CIRN was to be a three-phase project consisting of Phase 1: Pre Implementation (site clean up), Phase 2: Master Patient Index/Patient Demographics (Master Patient Index seeding for VHA-wide patient identification and patient demographics synchronization), and Phase 3: CIRN Clinical Repository. Master Patient Index/Patient Demographics is now a separate, independent package. Due to its beginnings, you will still notice references to CIRN (e.g., shared name and number spaces, file names, package terminology, etc.). The clinical repository is now a separate, independent project called Health Data Repository (HDR). April 1999 Master Patient Index/Patient Demographics (MPI/PD) VistA Technical Manual 1-1 Version 1.0 Revised August 2007 Patches RG*1*48 and MPIF*1*48

Enrollment Application System
Overview

This initial release consists of a single module, the *10-10EZ Enrollment Application Processor*. EAS V. 1.0 represents Phase 2 of the 10-10EZ enrollment initiative. This module enables the local **V*IST*A** system to electronically process a 10-10EZ Application for enrollment and healthcare benefits, which has been submitted by a veteran via a web-based application located on the VA web server. The URL for the web-based 10-10EZ is:
https://www.1010ez.med.va.gov/sec/vha/1010ez/
The web-based application bundles the 10-10EZ data into two e-mail messages. One message is a simple listing of the data, easily readable and intended for staff members who are involved in enrollment activities. The other is a specially formatted data "dump", which is automatically processed into a holding file by the 10-10EZ software.

Veterans Identification Card (VIC)?

The VIC is the new ID card that will be issued to veterans. It is similar to veteran ID cards currently being issued and contains veteran information in both the bar code and magnetic stripe. There are a couple of ways the new card differs from what has been issued in the past. The amount of information printed on the face of the card is minimal to protect the veteran's privacy. The card is no longer embossed. A one-inch by one-inch color photo of the veteran is an enhancement over the previous black and white photo.
Lastly, the VIC will not be printed and issued at the local facility. Instead, the VIC Patient Image Capture System (PICS) will be used to access the veteran's information from VistA, take the veteran's photo (or retrieve it from a file), and send a print card request to the National Card Management Directory (NCMD). A copy of the veteran's photo will also be sent to the local VistA Imaging Database. A centralized card print facility will retrieve the card print requests from the NCMD, print the VICs and mail them directly to the veteran's address. If a home address is not available for the veteran, the card will be mailed to the facility requesting the card.

Accessing Patient Profiles via the NCMD

This section provides useful information to the PICS user on accessing patient profile information via the NCMD. This is accomplished using the VIC National Card Management Directory Report Web page. To use it, go to https://vaww.etech.med.va.gov/VIC/index.asp as shown below. The following screenshots depict how to access the patient profile information.

yes	**Other Federal Agency Source(s)**

i) Specifically identify each Federal Agency that is a source of personal information. ii) Provide a concise description of why information is collected from each identified source. iii) Provide any required additional, clarifying information.

IRS,SSA, DoD data used for income verification to determine if third party collection is possible. Also used in determining eligibility for care.

no	**State Agency Source(s)**

i) Specifically identify each State Agency that is a source of personal information. ii) Provide a concise description of why information is collected from each identified source. iii) Provide any required additional, clarifying information.

no	**Local Agency Source(s)**

i) Specifically identify each Local Agency (Government agency other than a Federal or State agency) that is a source of personal information. ii) Provide a concise description of why information is collected from each identified source. iii) Provide any required additional, clarifying information.

no	**Other Source(s)**

i) If the provided Data Source categories do not adequately describe a source of personal information, specifically identify and describe each additional source of personal information. ii) For each identified data source, provide a concise description of why information is collected from that source. iii) Provide any required additional, clarifying information.

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

Police investigations that are put into VistA (VA police interviews).

		SECTION INCOMPLETE
	x	**SECTION COMPLETED**
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		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

5.3 Collection Methods

Identify and describe how personal information is collected:

a) Select all applicable collection methods below. If the provided collection methods do not adequately describe a specific data collection, select the "Other Collection Method" field and provide a description of the collection method. b) For each collection method selected, briefly describe the collection method, and provide additional information as indicated.

yes	**Web Forms:**	Information collected on Web Forms and sent electronically over the Internet to project systems.

Identify the URL(s) of each Web site(s) from which information will be submitted, and the URL(s) of the associated privacy statement. (Note: This question only applies to Web forms that are submitted online. Forms that are accessed online, printed and then mailed or faxed are considered "Paper Forms.")

The web form is located at https:\\www.1010EZ.med.va.gov/sec/vah/1010EZ. This site from which this form is accessed (http:www.va.gov/) references the VA Privacy and Security site (http://www.va.gov/privacy/), as well as the VA Disclaimer site (http://www.va.gov/disclaim.htm) and the VA FOIA site (http://vaww.va.gov/OIT/CIO/FOIA/default.asp)

yes	**Paper Forms:**	Information collected on Paper Forms and submitted personally, submitted via Postal Mail and/or submitted via Fax Machine.

Identify and/or describe the paper forms by which data is collected. If applicable, identify standard VA forms by form number.

VA Form 1010EZ; Medical record documentation from non VA physicians and VA contracted Health care providers; Military Service records

Employee information and fiscal information

yes	**Electronic File Transfer:**	Information stored on one computer/system (not entered via a Web Form) and transferred electronically to project IT systems.

Describe the Electronic File Transfers used to collect information into project systems. (Note: This section addresses only data collection – how information stored in project systems is acquired. Sharing of information stored in project systems and data backups are addressed in subsequent sections.)

HINQ requests are sent from a **V***IST***A** computer over TCP/IP to a remote VBA computer via the Austin Automation Center (AAC) where veteran information is stored.
Income Verification Match (IVM)
This is used to upload demographic, insurance and ssn information which has been transmitted to the facility from the IVM Center.

no	**Computer Transfer Device:**	Information that is entered and/or stored on one computer/ system and then transferred to project IT systems via an object or device that is used to store data, such as a CD-ROM, floppy disk or tape.

Describe the type of computer transfer device, and the process used to collect information.

Y	**Telephone Contact:**	Information is collected via telephone.

Describe the process through which information is collected via telephone contacts.

Telehealth treatment, phone interviews with the patients and consent for treatment. Calls are initiated by individuals interested in applying for healthcare benefits in the VA. VA staff collects patient information over the phone to complete the registration process and to verify/update information currently maintained in Vista files. Some of the data elements collected are patient's name, social security number, demographics, insurance, military data, etc. Nursing Triage staff collects a wide range of personal and medical information from callers to assist in the clinical diagnosis, treatment, evaluation, and care of the patient.

Veterans answer questions posed over phone to collect Form 1010EZ data.

y	**Other Collection Method:**	Information is collected through a method other that those listed above.

If the provided collection method categories do not adequately describe a specific data collection, select the "Other Collection Method" field and specifically identify and describe the process used to collect information.

One on one interview with the patients during treatment and registration. VA staff collects patient information while checking in patients to complete the registration process and to verify/update information currently maintained in Vista files. Some of the data elements collected are patient's name, social security number, demographics, insurance, military data, etc. Nursing Triage staff collects a wide range of personal and medical information from callers to assist in the clinical diagnosis, treatment, evaluation, and care of the patient. Clinical staff also

collects information at the time of admission/nursing assessment (patient's medical history, social history, etc and the patient's vitals) which is entered into CPRS.

Police investigations – Police investigators conduct interviews/investigations on all reported incidents to the VA police service. Information collected may include patient/veteran's and employees' name, address, DOB and pertinent information about the incident. This information is stored in Vista in the Police reporting package.

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

		SECTION INCOMPLETE
	x	**SECTION COMPLETED**
		I have completed and reviewed my responses in this section.
**	**NOTE:**	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "Yes" and submit again.
		Section Update Date

Section 5.3 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
		The Privacy Service has reviewed and approved the responses in this section.
**	**NOTE:**	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "Yes" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

5.4 Notice

The Privacy Act of 1974 and VA policy requires that certain disclosures be made to data subjects when information in identifiable form is collected from them. The following questions are directed at notice to the individual of the scope of information collected, the right to consent to uses of said

information, and the right to decline to provide information.

5.4.a) Is personally identifiable information collected directly from individual members of the public and maintained in the project's IT systems?

Yes

Note: If you have selected NO above, then SKIP to Section 5.5, 'Consent'.

5.4.b) Is the data collection mandatory or voluntary?

Mandatory

5.4.c) How are the individuals involved in the information collection notified of the Privacy Policy and whether provision of the information is mandatory or voluntary?

VA form 101 EZ; VA Notice of Privacy

5.4.d) Is the data collection new or ongoing?

Ongoing

5.4.e.1) If personally identifiable information is collected online, is a privacy notice provided that includes the following elements? (Select all applicable boxes.)

	Not applicable
no	**Privacy notice is provided on each page of the application.**
no	**A link to the VA Website Privacy Policy is provided.**
yes	**Proximity and Timing: the notice is provided at the time and point of data collection.**
yes	**Purpose: notice describes the principal purpose(s) for which the information will be used.**
yes	**Authority: notice specifies the legal authority that allows the information to be collected.**
yes	**Conditions: notice specifies if providing information is voluntary, and effects, if any, of not providing it.**
yes	**Disclosures: notice specifies routine use(s) that may be made of the information.**

5.4.e.2) If necessary, provide an explanation on privacy notices for your project:

The 10-10EZ and 10-10EZR on line forms do not print the privacy notice on each page and there isn't a link to the VA Privacy Policy.

VA Privacy notice was sent to all enrolled veterans in April 2003. As new veterans were enrolled, HEC sent the VA Privacy Notice to the veteran. This issue is handled at the national level.

5.4.f) For each type of collection method used (identified in Section 5.3, "Collection Method"), explain:

a) What the subjects will be told about the information collection. b) How this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). c) How a privacy notice is provided.

Note: if PII is transferred from other projects, explain any agreements or understandings regarding notification of subjects.

yes	**Web Forms:**

Explain:

a) What the subjects will be told about the information collection. b) How this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). c) How a privacy notice is provided.

Patients are allowed to download Form 1010 which contains privacy information concerning each of the data fields they are required to enter.

yes **Paper Forms:**

Explain:

a) What the subjects will be told about the information collection. b) How this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). c) How a privacy notice is provided.

Patients fill out required fields of information on Form 1010 and an explanation of privacy policy is provided.
Information is collected via phone and in person from individuals for the purpose of applying for VA healthcare benefits and are told of the required data elements needed to complete the registration process. The online VA forms 1010EZ and 1010EZR are used to collect data elements for the purpose of registering new patients and updating information currently on file in Vista. The Health Eligibility sends the VA's Notice of Privacy Practices to all new enrollees in the VA healthcare system. Notices are also available in the Eligibility/Release of Information Unit and VA forms 1010EZ and 1010EZR contain the privacy notice.

no **Electronic File Transfer:**

For electronic transfers of information, where this system is receiving the information from another system and is not collected from the primary information source, please explain what agreements are in place that govern the responsibilities of the system collecting information from the primary information source to notify subjects regarding:

a) What they will be told about the information collection? b) How the message will be conveyed (e.g. written notice, electronic notice if web-based collection, etc.)? c)How a privacy notice is provided?

no **Computer Transfer Device:**

For electronic transfers of information, where this system is receiving the information from another system and is not collected from the primary information source, please explain what agreements are in place that govern the responsibilities of the system collecting information from the primary information source to notify subjects regarding:

a) What they will be told about the information collection? b) How the message will be conveyed (e.g. written notice, electronic notice if web-based collection, etc.)? c)How a privacy notice is provided?

yes	**Telephone:**

Explain:

a) What the subjects will be told about the information collection. b) How this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). c) How a privacy notice is provided.

Information is obtained over telephone interview and patients are provided with a consent form to sign and return.

Information is obtained during telephone interviews. New enrollees are provided the Notice of Privacy Practices by the Health Eligibility Center

n	**Other Method:**

Explain:

a) What the subjects will be told about the information collection. b) How this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). c) How a privacy notice is provided.

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

		SECTION INCOMPLETE
	x	**SECTION COMPLETED**
		I have completed and reviewed my responses in this section.
**	**NOTE:**	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "Yes" and submit again.
		Section Update Date

Section 5.4 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL

		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
		The Privacy Service has reviewed and approved the responses in this section.
**	**NOTE:**	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "Yes" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

5.5 Consent For Secondary Use of PII:

The Privacy Act and VA policy require that personally identifiable information only be used for the purpose(s) for which it was collected, unless consent (opt-in) is granted. Individuals must be provided an opportunity to provide consent for any secondary use of information, such as use of collected information for marketing.

5.5.a) Will personally identifiable information be used for any secondary purpose?

Note: If you have selected No above, then SKIP to question 5.6, "Data Quality."

Yes

5.5.b) Describe and justify any secondary uses of personal information.

A secondary use of the information is for research purposes for which an authorization is obtained.

5.5.c) For each collection method identified in question 5.3, "Collection Method," describe:

1) The opportunities individuals have to decline to provide information, for instances where providing information is voluntary. 2) The opportunities individuals have to grant consent for particular uses of the information. 3) How individuals may grant consent.

Some examples of consent methods are: (1) Approved OMB consent forms and (2) VA Consent Form (VA Form 1010EZ). Provide justification if no method of consent is provided.

yes	**Web Forms:**

Describe:

1) The opportunities individuals have to decline to provide information, for instances where providing information is voluntary. 2) The opportunities individuals have to grant consent for particular uses of the information. 3) How individuals may grant consent.

On line VA Forms 10-10EZ and 1010-EZR provide information on opportunities to decline and voluntary input of information. Form addresses secondary uses of information for payment, "routine use", and administration of benefits.

yes	**Paper Forms:**

Describe:

1) The opportunities individuals have to decline to provide information, for instances where providing information is voluntary. 2) The opportunities individuals have to grant consent for particular uses of the information. 3) How individuals may grant consent.

VA Forms 10-10EZ and 1010-EZR provide information on opportunities to decline and voluntary input of information.

no	**Electronic File Transfer:**

For electronic transfers of information, where this system is receiving the information from another system and is not collected from the primary information source, please explain what agreements are in place that govern the responsibilities of the system collecting information from the primary information source to provide the following:

a) The opportunities individuals have to decline to provide information, for instances where providing information is voluntary. b) The opportunities individuals have to grant consent for particular uses of the information. c) How individuals may grant consent.

no	**Computer Transfer Device:**

For electronic transfers of information, where this system is receiving the information from another system and is not collected from the primary information source, please explain what agreements are in place that govern the responsibilities of the system collecting information from the primary information source to provide the following:

a) The opportunities individuals have to decline to provide information, for instances where providing information is voluntary. b) The opportunities individuals have to grant consent for particular uses of the information. c) How individuals may grant consent.

yes	**Telephone Contact Media:**

Describe:

1) The opportunities individuals have to decline to provide information, for instances where providing information is voluntary. 2) The opportunities individuals have to grant consent for particular uses of the information. 3) How individuals may grant consent.

Calls are initiated by individuals interested in applying for healthcare benefits in the VA. VA staff collects patient information over the phone to complete the registration process and to verify/update information currently maintained in Vista files. The Notice of Privacy Practices is provided to individuals during their initial enrollment for healthcare. Information is collected for the purpose of healthcare and only used for that purpose.

no	**Other Media**

Describe:

1) The opportunities individuals have to decline to provide information, for instances where providing information is voluntary. 2) The opportunities individuals have to grant consent for particular uses of the information. 3) How individuals may grant consent.

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

		SECTION INCOMPLETE
	x	**SECTION COMPLETED**
		I have completed and reviewed my responses in this section.
**	**NOTE:**	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "Yes" and submit again.
		Section Update Date

Section 5.5 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
		The Privacy Service has reviewed and approved the responses in this section.
**	**NOTE:**	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "Yes" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

5.6 Data Quality

5.6.a) Explain how collected data are limited to required elements:

Information is collected via the phone, web, and in person to process applications for healthcare and is limited to what is needed to complete the registration process and to provide services to our veterans.

5.6.b) How is data checked for completeness?
Required data elements are driven by Vista software applications whereas the exclusion of essential information will not allow VA Staff to continue with the entry process. Upon exiting several Vista software applications if any data elements are missing a notification message is generated to the user and other VA staff of the missing data elements. Vista audit reports reveal missing data elements essential to the registration process, time & leave entry, patient documentation, etc. that are reviewed by VA staff. Compliance and Business Integrity monitors are in place to assure accuracy of data entry of various Vista software applications.
5.6.c) What steps or procedures are taken to ensure the data are current and not out of date?
Staff is required to update various data elements in Vista during each patient encounter which occurs via the phone, the web, or in person.
5.6.d) How is new data verified for relevance, authenticity and accuracy?
Staff is required to collect only those elements needed to complete a process. There are several verification methods generated by Vista software packages that require a second level review to assure the data is relevant, authentic, and accurate. Several processes also require verification by the author of the information to assure the document/process is correct.
ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)
HINQS are also used to check the validity of the data supplied by the veteran.
Veterans also have the opportunity to review the data that is in their medical record and ask for corrections to the record via the amendment process.

		SECTION INCOMPLETE
	x	**SECTION COMPLETED**
		I have completed and reviewed my responses in this section.
**	**NOTE:**	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "Yes" and submit again.
		Section Update Date

Section 5.6 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
		The Privacy Service has reviewed and approved the responses in this section.
**	**NOTE:**	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "Yes" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

6. Use and Disclosure

6.1 User Access and Data Sharing

Identify the individuals and organizations that have access to system data.

--> Individuals - Access granted to individuals should be limited to the data needed to perform their assigned duties. Individuals with access to personal information stored in project system must be identified, and documented assurance must be provided that appropriate policies and procedures are in place to prevent as well as detect unauthorized access and browsing.

--> Other Agencies – Any Federal, State or local agencies that have authorized access to collected personal information must be identified, and documented assurance must be provided that appropriate policies and procedures are in place to protect personal information.

--> Other Systems – Information systems of other programs or projects that interface with the information system(s) of this project must be identified and the transferred data must be defined. Also, the controls that are in place to ensure that only the defined data are transmitted must be defined.

6.1.a) Identify all individuals and organizations that will have access to collected information. Select all applicable items below.

yes	**System Users**
yes	**System Owner, Project Manager**

National VistA support team will dial into system and access is given for a limited time to resolve issues.

yes	**System Administrator**
yes	**Contractor**

If contractors to VA have access to the system, describe their role and the extent of access that is granted to them. Also, identify the contract(s) that they operate under.

Billing/AR contractors assist the facility with patient billing activities. Clinicians provide healthcare services for diagnostic studies. All VA contractors are required to take the privacy and security training and have varied degrees of access based on their background check and level of security, as is applicable to the VA employees. Access is granted based on supervisory approval

All VA contractors are required to take the privacy and security training and have varied degrees of access based on their background check and level of security, as is applicable to the VA employees.

no	**Internal Sharing: Veteran Organization**

If information is shared internally, with other VA organizations identify the organization(s). For each organization, identify the information that is shared and for what purpose.

no	**Other Veteran Organization**

If information is shared with a Veteran organization other than VA, identify the organization(s). For each organization, identify the information that is shared and for what purpose.

yes	**Other Federal Government Agency**

If information is shared with another Federal government agency(ies), identify the agency(ies). For each organization, identify the information that is shared and for what purpose.

DOD – Department of the Army/West Point, NY. Employee information, including names, SS#s, job tiltles, and number of hours worked. This information is required to complete analysis of employee work hours per pay period. There is a signed DTA to cover the transfer of this information.

y	**State Government Agency**

As required by law information is shared with state agencies. A standing order is required to be in place before the information is shared.

If information is shared with a State government agency(ies), identify the agency(ies). For each organization, identify the information that is shared and for what purpose.

yes	**Local Government Agency**

As required by law information is shared with state agencies. A standing order is required to be in place before the information is shared.

If information is shared with a local government agency(ies), identify the agency(ies). For each organization, identify the information that is shared and for what purpose.

- ☐ Department of Motor Vehicles (report recurrent periods of loss of consciousness, physical or mental condition that may make a patient an unsafe driver.) Keep unsafe drivers off the roads
- ☐ Department of Children and Families (report child abuse) We have a responsibility to insure the safety of a child
- ☐ State Cancer registry (report cancer patients seen at medical center on a monthly basis) The registry tracks Cancer in the state of New Jersey

☐ Department of Health and Senior Services (report newly diagnosed cases of women with breast cancer) examining relationship of race and risks factors to early age at diagnosis of breast cancer and the aggressiveness of the disease.

No	**Other Project/ System**

If information is shared with other projects or systems:
1) Identify the other projects and/or systems, and briefly describe the data sharing. 2) For each project and/or system with which information will be shared, identify the information that will be shared with that project or system. 3) For each project and/or system with which information will be shared, describe why information is shared. 4) For each project and/or system with which information will be shared, describe who will be responsible for protecting the privacy rights of the individuals whose data will be shared across this interface.

yes	**Other User(s)**

If information is shared with persons or organization(s) that are not described by the categories provided, use this field to identify and describe what other persons or organization(s) have access to personal information stored on project systems. Also, briefly describe the data sharing.
This various: 1) happens when the veteran consents to sharing; 2) established research protocols; 3) continuity of care;
6.1.a.1) Describe here who has access to personal information maintained in project's IT systems:
Clinical and administrative staff involved in the day to day operations of the medical center.
6.1.b) How is access to the data determined?
Access is role-based and is controlled by menu management – on a need to know basis.
6.1.c) Are criteria, procedures, controls, and responsibilities regarding access documented? If so, identify the documents.
VHA1605.1 and VHA1605.2 Handbooks and VA Directive 6500
6.1.d) Will users have access to all data on the project systems or will user access be restricted? Explain.
Users will be restricted on a "need to know" basis
6.1.e) What controls are in place to prevent the misuse (e.g. unauthorized browsing) of data by those having access? (Please list processes and training materials that specifically relate to unauthorized browsing)
DG Record Sensitivity Log All users must sign a Rules of Behavior before access is given and all users must complete Privacy and Computer Awareness training on an annual basis. Employees sign the User Agreement and Rules of Behavior. Access to Vista software packages are based on supervisory, Program Application Specialist, or Patient Care Center Director approval. Staff is provided access

to those software packages needed in the aspect of their jobs. Staff is required to take annual Privacy and Information Security Awareness training and there are several policies that address the expected behavior of VA employees in the medical center.

6.1.f) Is personal information shared (is access provided to anyone other than the system users, system owner, Project Manager, System Administrator)? (Yes/No)

Yes

Note: If you have selected No above, then SKIP to question 6.2, "Access to Records and Requests for Corrections".

6.1.g) Identify the measures taken to protect the privacy rights of the individuals whose data will be shared.

Information is shared when the patient consents/authorizes the information to be released or when there is a formal Data Transfer Agreement/BAA/MOU in place which covers the sharing of information.
Business Associate Agreements are established with contractors to outline expectation of privacy of the individuals whose data will be share. Limited access provided to those individuals with whom data is shared. Contractors are required to establish strong passwords and approval for VPN access. Contractors are required to complete Privacy and Information Security Awareness training annually. Information shared with third parties at the individual's request are mailed via first class mail and the cover letter contains the text "This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal statute 38 USC 7332 (42 CFR Part2) prohibit you from making any further disclosure of it, without the specific written authorization of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

6.1.h) Identify who is responsible, once personal information leaves your project's IT system(s), for ensuring that the information is protected.

Contractors are responsible for ensuring the information is protected. Data doesn't actually leave the IT project as contractors have VPN access to our system. The recipient of the information is responsible for protecting the data.
It is the responsibility of the person/agency who has received the information

6.1.i) Describe how personal information that is shared is transmitted or disclosed.

Paper-based forms, electronic transfer - Information is disclosed via VPN access to our system.

6.1.j) Is a Memorandum of Understanding (MOU), contract, or any other agreement in place with all external organizations with whom information is shared, and does the agreement reflect the scope of the information currently shared? If an MOU is not in place, is the sharing covered by a routine use in the System of Records Notice? If not, explain the steps being taken to address this omission.

Information is shared via a contract, MOU, DTA, standing letter, patient's consent. In instance where it is necessary, a Business Associate Agreement (BAA) is in place.

6.1.k) How is the shared information secured by the recipient?

This varies and is spelled out in the contract, MOU, DTA, standing letters, etc. The use, type of information to be transferred/shared, method of transfer, storage and disposal of the data will be outlined in the MOU, DTA, BAA or standing letters. These documents are reviewed by the local Privacy Officer, ISO. These documents also indicate who at the receiving end is responsible for the safeguarding the information.

6.1.l) What type of training is required for users from agencies outside VA prior to receiving access to the information?

Contractors have to take the Privacy Awareness training and information security and that requirement is spelled out in the contract. The DTA contains language that spells out the Privacy regulations/rules that recipient must adhered to relative to VA's privacy rules.

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

		SECTION INCOMPLETE
	x	**SECTION COMPLETED**
		I have completed and reviewed my responses in this section.
**	**NOTE:**	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "Yes" and submit again.
		Section Update Date

Section 6.1 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
		The Privacy Service has reviewed and approved the responses in this section.
**	**NOTE:**	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "Yes" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

6.2 Access to Records and Requests for Corrections

The Privacy Act and VA policy provide certain rights and mechanisms by which individuals may request access to and amendment of information relating to them that is retained in a System of Records.

6.2.a) How can individuals view instructions for accessing or amending data related to them that is maintained by VA? (Select all applicable options below.)

This is explained to the veteran in the Notice of Privacy Practices that they receive

when they enroll into the VA.

Right to Request Amendment of Health Information You have the right to request an amendment to your health information in our records if you believe it is incomplete, inaccurate, untimely, or not related to your care. You must submit your request in writing, specify the information that you want corrected, and provide a reason to support your request for amendment. All amendment requests should be submitted to the Privacy Officer at the VA health care facility that maintains your information. If your request for amendment is denied, you will be notified of this decision in writing. In response you may: • • •

File an appeal	File a "Statement of Disagreement"	Ask that your initial request for amendment accompany all future disclosures of the disputed health information

We may prepare a rebuttal to your "Statement of Disagreement". We will provide you with a copy of any such rebuttal. If you have any questions about amending your health information in our records, please contact the Privacy Officer at the VA health care facility that provided or paid for your care.

no	**The application will provide a link that leads to their information.**
no	**The application will provide, via link or where data is collected, written instructions on how to access/amend their information.**
no	**The application will provide a phone number of a VA representative who will provide instructions.**
yes	**The application will use other method (explain below).**
no	**The application is exempt from needing to provide access.**

6.2.b) What are the procedures that allow individuals to gain access to their own information?

Individuals may either visit the VAMC where they receive their care and begin the process or may visit the Freedom of Information Act (FOIA) Website for VA at http://www.va.gov/oit/cio/foia/guide.asp#how or may go through VA Forms at http://www.va.gov/vaforms/medical/pdf/vha-10-5345-fill.pdf . Further information regarding the VA SOR is available at http://www.va.gov/privacy/SystemsOfRecords/2001_Privacy_Act_GPO_SOR_compilation.pdf.

6.2.c) What are the procedures for correcting erroneous information?

Right to Request Amendment of Health Information You have the right to request an amendment to your health information in our records if you believe it is incomplete, inaccurate, untimely, or not related to your care. You must submit your request in writing, specify the information that you want corrected, and provide a reason to support your request for amendment. All amendment requests should be submitted to the Privacy Officer at the VA health care facility that maintains your information.

6.2.d) If no redress is provided, are alternatives available?

. If your request for amendment is denied, you will be notified of this decision in writing. In response you may: • • •

File an appeal	File a "Statement of Disagreement"	Ask that your initial request for amendment accompany all future disclosures of the disputed health information

We may prepare a rebuttal to your "Statement of Disagreement". We will provide you with a copy of any such rebuttal. If you have any questions about amending your health information in our records, please contact the Privacy Officer at the VA health care facility that provided or paid for your care.

6.2.e) Provide here any additional explanation; if exempt, explain why the application is exempt from providing access and amendment.

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

		SECTION INCOMPLETE
	x	**SECTION COMPLETED**
		I have completed and reviewed my responses in this section.
**	**NOTE:**	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "Yes" and submit again.
		Section Update Date

Section 6.2 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
		The Privacy Service has reviewed and approved the responses in this section.
**	**NOTE:**	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "Yes" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

7 Retention and Disposal

By completing this section, you provide documented assurance that proper data retention and disposal practices are in place.

The "Retention and disposal" section of the applicable System of Records Notice(s) often provides appropriate and sufficiently detailed documented data retention and disposal practices specific to your project.

VA HBK 6300.1 Records Management Procedures explains the Records Control Schedule procedures.
System of Records Notices may be accessed via:
http://vaww.vhaco.va.gov//privacy/SystemofRecords.htm
or
http://vaww.va.gov/foia/err/enhanced/privacy_act/privacy_act.html

For VHA projects, VHA Handbook 1907.1 (Section 6j) and VHA Records Control Schedule 10-1 provide more general guidance.
VHA Handbook 1907.1 may be accessed at:
http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=434
For VBA projects, Records Control Schedule (RCS) VB-1 provides more general guidance. VBA Records Control Schedule (RCS) VB-1 may be accessed via the URL listed below.
Start by looking at the http://www.warms.vba.va.gov/20rcs.html

7.a) What is the data retention period? Given the purpose of retaining the information, explain why the information is needed for the indicated period.

Clinical information is retained in accordance with VA Records Control Schedule 10-1. Demographic information is updated as applications for care are submitted and retained in accordance with VA Records Control Schedule 10-1.

Information is retained according to the VA Records Control Schedule for future treatment of the patients, for research purposes, legal issues and to investigate cause/effect of agents that were used during combat, i.e, Agent Orange to determine to the long term effect on the veteran population.

7.b) What are the procedures for eliminating data at the end of the retention period?

Electronic Final Version of Patient Medical Record is destroyed/deleted 75 years after the last episode of patient care as instructed in VA Records Control Schedule 10-1, Item XLIII, 2.b. (Page 190). At the present time, VistA Imaging retains all images. VHA is performing a study to explore whether some images can be eliminated on an earlier schedule.

Researchers are responsible for destroying research records at the end retention requirement of the research protocol.

Paper records shipped to the national archive will be destroyed by the agency after the 75 year retention requirement is met.

Electronic record retention/destruction is the responsibility of VA's CIO. Information is backed-up. Nationally, decisions have to be made as to how to control/retain/destroy the electronic records, i.e,. CPRS after the 75th year of the last episode of care. As of 2008, nothing is being deleted/destroyed.

1) Information on hard drives is destroyed via VA contract and is monitored by the ISO.

7.c) Where are procedures documented?

VA Handbook 6300; Record Control Schedule 10-1

7.d) How are data retention procedures enforced?

VA Records Control Schedule 10-1 (page 8): Records Management Responsibilities The Health Information Resources Service (HIRS) is responsible for developing policies and procedures for effective and efficient records management throughout VHA. In addition, HIRS acts as the liaison between VHA and National Archives and Records Administration (NARA) on issues pertaining to records management practices and procedures.

Field records officers are responsible for records management activities at their facilities.

Program officials are responsible for creating, maintaining. protecting, and disposing of records in their program area in accordance with NARA regulations and VA policy. All VHA employees are responsible to ensure that records are created, maintained, protected, and disposed of in accordance with NARA regulations and VA policies and procedures. Disposition of Records

7.e) If applicable, has the retention schedule been approved by the National Archives and Records Administration (NARA)?

Not applicable

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

		SECTION INCOMPLETE
	x	**SECTION COMPLETED**
		I have completed and reviewed my responses in this section.
**	**NOTE:**	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "Yes" and submit again.
		Section Update Date

Section 7 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
		The Privacy Service has reviewed and approved the responses in this section.
**	**NOTE:**	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "Yes" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

8 SECURITY

OMB Guidance for Implementing the Privacy Provisions of the E-Government Act of 2002, (OMB

M-03-22) specifies that privacy impact assessments must address how collected information will be secured.

8.1 General Security Measures

8.1.a) Per OMB guidance, citing requirements of the Federal Information Security Management Act, address the following items (select all applicable boxes.):

National VistA Legacy PIA

yes	The project is following IT security requirements and procedures required by federal law and policy to ensure that information is appropriately secured.
yes	The project has conducted a risk assessment, identified appropriate security controls to protect against that risk, and implemented those controls.
yes	Security monitoring, testing, and evaluating are conducted on a regular basis to ensure that controls continue to work properly, safeguarding the information.

8.1.b) Describe the security monitoring, testing, and evaluating that is conducted on a regular basis:

Certification and Accreditation of system is conducted every three (3) years and the system undergoes an annual self assessment as required by FISMA. Security, monitoring, testing, and evaluating the Vista legacy system is handled by the Data Center at the VA NYHHS. VA NYHHS schedules, performs and documents routine preventative and regular maintenance for the second Saturday of every month at 2am. This coincides with the monthly Adpac meeting, so that Adpacs can be notified and make preparations for contingency functioning during the downtime. E-mail announcements are also sent to all users for notification. This maintenance is conducted by authorized VISN staff (therefore no sign-in log book is utilized) and is documented using the VISN 3 Downtime Notification System, which includes information on the type of work performed, the amount of downtime and sites/services affected, if any.
Periodic maintenance performed by a vendor would require use of the log book. This log includes information on the date and time of the maintenance, name of the person performing the maintenance, escort (if other than IRM/VISN 3 authorized personnel), description of the maintenance performed, equipment status (eg, repaired, swapped, removed, etc). These logs are reviewed in combination with the sign-on log for the area. In the rare likelihood that equipment containing data must be removed for repair, the ISO will ensure that all information has been removed in accordance with OCIS standards.

8.1.c) Is adequate physical security in place to protect against unauthorized access?

YES - Physical Security is addressed in the System Security Plan. Police conducts a Physical Security Assessment of the IT computer room on a yearly basis. The VISN Data center addresses the physical security at the Brooklyn site. The system resides in a locked, alarmed room at each physical location. Each facility will document their own physical description of their system within an appendix included in the site-specific portion of this plan.

8.2 Project-Specific Security Measures

8.2.a) Provide a specific description of how collected information will be secured.

• A concise description of how data will be protected against unauthorized access, unauthorized modification, and how the availability of the system will be protected.

• A concise description of the administrative controls (Security Plans, Rules of Behavior, Procedures for establishing user accounts, etc.).

• A concise description of the technical controls (Access Controls, Intrusion Detection, etc.) that will be in place to safeguard the information.

• Describe any types of controls that may be in place to ensure that information is used in accordance with the above described uses. For example, are audit logs regularly reviewed to ensure appropriate use of information? Are strict disciplinary programs in place if an individual is found to be inappropriately using the information?

Note: Administrative and technical safeguards must be specific to the system covered by the PIA, rather than an overall description of how the VA's network is secured. Does the project/system have its own security controls, independent of the VA network? If so, describe these controls.

The system resides in a locked, alarmed room at each physical location. Each facility will document their own physical description of their system within an appendix included in the site-specific portion of this plan.
Access to the system is via workstations operating on Windows-family Operating Systems (O/S) including Windows 2000 Professional, and Windows XP, thin client terminals, and various models of "dumb" terminals located throughout a Medical Center. Microsoft Windows client workstations connect to VistA Legacy over a Windows network using terminal emulation software and the Remote Procedure Call (RPC) Broker. There is access from the Intranet to both the VA's wide area network (WAN) and to the Internet via the VA Internet Gateways. VA-approved firewalls are positioned between the Intranet and the Internet Gateways. Digital Equipment Corporation (DEC) VT and other types of terminals connect to VistA Legacy via Ethernet and terminal servers.

The VistA Legacy Kernel software provides identification and authentication, access control via menu management, and auditing of user actions. VA FileMan, VistA Legacy**'**s database management software, in conjunction with the Kernel, provides data access control. All users must sign a rules of behavior before access is granted; there is a system security, which describes in depth the security measures that are in place.

8.2.b) Explain how the project meets IT security requirements and procedures required by federal law.

At the Department level the CIO's Office of Cyber & Information Security (OCIS) is responsible for the establishment of directives, policies, & procedures which are consistent with the provisions of Federal Information Security Management Act (FISMA) as well as guidance issued by the Office of Management & Budget (OMB), the National Institute of Standards & Technology (NIST), & other requirements that VistA-Legacy is and has been subject to. In addition, OCIS administers
and manages Department-wide security solutions, such as anti-virus protection, authentication, vulnerability scanning & penetration testing, & intrusion detection

systems, and incident response (800-61). At the VistA-Legacy project level -The Project Manager ensures that CIO-provided security directives are integrated into the project's security plan & implemented by VA & contractor staff throughout the project Funding needs are dependent on IT security requirements identified in the system development life cycle (800-64) (i.e. risk assessments (800-30), certification and accreditation (800-37 and 800-53)), as well as identified security weaknesses that must be corrected.

8.2.c) Explain what security risks were identified in the security risk assessment.

The Vista legacy system is not physically located at this medical center. It is the responsibility of the Data Center in the VA NY HHS to identify any security risks to the system.

8.2.d) Explain what security controls are being used to mitigate these risks.

As stated above, it is the responsibility of the Data Center at VA NYHHS to identify and mitigate risks. Locally, VANJHCS follows NIST 800-53 security controls to mitigate incidents. VANJHCS has an established a Data Incident Response Team consisting of Senior Management officials and key personnel to investigate, notify, and remedy incidents if they occur.

		SECTION INCOMPLETE
	x	**SECTION COMPLETED**
		I have completed and reviewed my responses in this section.
**	**NOTE:**	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "Yes" and submit again.
		Section Update Date

Section 8 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
		The Privacy Service has reviewed and approved the responses in this section.
**	**NOTE:**	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "Yes" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

9. CHANGE RECORD
OMB Memorandum M-03-22, OMB Guidance for Implementing the Privacy Provisions of the E-Government Act of 2002, mandates that PIAs address any project/ system changes that potentially create new privacy risks. By completing this section, you provide documented assurance that significant project/ system modifications have been appropriately evaluated for privacy-related impacts.
9.a Since the last PIA submitted, have any significant changes been made to the system that might impact the privacy of people whose information is retained on project systems? (Yes, No, n/a: first PIA)
N/A - first PIA
If no, then proceed to Section 10, "Children's Online Privacy Protection Act."
If yes, then please complete the information in the table below. List each significant change on a separate row. 'Significant changes' may include:
Conversions - when converting paper-based records to electronic systems;
Anonymous to Non-Anonymous - when functions applied to an existing information collection change anonymous information into information in identifiable form;
Significant System Management Changes - when new uses of an existing IT system, including application of new technologies, significantly change how information in identifiable form is managed in the system:
• For example, when an agency employs new relational database technologies or web-based processing to access multiple data stores; such additions could create a more open environment and avenues for exposure of data that previously did not exist.
Significant Merging - when agencies adopt or alter business processes so that government databases holding information in identifiable form are merged, centralized, matched with other databases or otherwise significantly manipulated:
• For example, when databases are merged to create one central source of information; such a link may aggregate data in ways that create privacy concerns not previously at issue.
New Public Access - when user-authenticating technology (e.g., password, digital certificate, biometric) is newly applied to an electronic information system accessed by members of the public;
Commercial Sources - when agencies systematically incorporate into existing information systems databases of information in identifiable form purchased or obtained from commercial or public sources. (Merely querying such a source on an ad hoc basis using existing technology does not trigger the PIA requirement);
New Interagency Uses - when agencies work together on shared functions involving significant new uses or exchanges of information in identifiable form, such as the cross-cutting E-Government initiatives; in such cases, the lead agency should prepare the PIA;
Internal Flow or Collection - when alteration of a business process results in significant new uses or disclosures of information or incorporation into the system of additional items of information in identifiable form:
• For example, agencies that participate in E-Gov initiatives could see major changes in how they conduct business internally or collect information, as a result of new business processes or E-Gov requirements. In most cases the focus will be on integration of common processes and supporting data. Any business change that results in substantial new requirements for information

in identifiable form could warrant examination of privacy issues.

Alteration in Character of Data - when new information in identifiable form added to a collection raises the risks to personal privacy (for example, the addition of health or financial information);

List All Major Project/System Modification(s)	State Justification for Modification(s)	*Concisely describe:	Modification Approver	Date

** The effect of the modification on the privacy of collected personal information*

** How any adverse effects on the privacy of collected information were mitigated.*

		SECTION INCOMPLETE
	x	**SECTION COMPLETE**
		I have completed and reviewed my responses in this section.
**	**NOTE:**	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "Yes" and submit again.
		Section Update Date

Section 9 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
		The Privacy Service has reviewed and approved the responses in this section.
**	**NOTE:**	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "Yes" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

10. CHILDREN'S ONLINE PRIVACY PROTECTION ACT

10.a) Will information be collected through the Internet from children under age 13?

no

If "No" then SKIP to Section 11, "PIA Considerations".

10.b) How will parental or guardian approval be obtained.

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

		SECTION INCOMPLETE
	x	**SECTION COMPLETED**
		I have completed and reviewed my responses in this section.
**	**NOTE:**	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "Yes" and submit again.
		Section Update Date

Section 10 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
		The Privacy Service has reviewed and approved the responses in this section.
**	**NOTE:**	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "Yes" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

11. PIA Assessment

11a) Identify what choices were made regarding the project/system or collection of information as a result of performing the PIA. Examples of choices made include reconsideration of: collection source, collection methods, controls to mitigate misuse of information, provision of consent and

privacy notice, and security controls.

VANJHCS VistA is governed by VHA, therefore, local changes to this system is not feasible.

11b) What auditing measures and technical safeguards are in place to prevent misuse of data?

Audit features of the Kernel make it possible to monitor a wide range of computing activity. The following audits are discussed in Chapter 3 of the Kernel Security Tools Manual:

- System Access Audits
- Option and Server Usage Audits
- VA FileMan Audits

VistA Legacy is capable of auditing system access, option and server usage, and file change/access activity. User sign-on and all use of the Programmer Mode option are audited automatically by VistA Legacy. This log file is stored in the Manager's account. Additional audits, as appropriate, are initiated by the ISO. All audits include the name of the user initiating the event, the date and time of the event, and the device used to initiate the event. Table 4-1 lists the audit settings of the VistA Legacy kernel and VA FileMan software, as well as the purpose of each setting.

Table Error! No text of specified style in document.**-4: Available VistA Legacy Audits**

Audit	Purpose
Sign-on	Logs all access to the system. This audit is performed automatically
Failed Access Attempts	Logs all failed sign-on attempts. This audit must be initiated to collect data.
Programmer Mode	Logs all instances of use of the Programmer Mode option. This audit is performed automatically.
Option	Can log instances of use for one to all options (e.g., modify file option) on the system. This audit must be initiated to collect data.
Server	Logs instances of use of designated server options. This audit must be initiated to collect data. Additionally, servers, by default send bulletins concerning server activity to appropriate personnel via mail messages.
VA FileMan	VA FileMan provides two types of audit: Data Audit – This audit records changes made to the data in a file. Data Dictionary Audit – This audit records changes made to the attributes or structure of a file.

11c) Availability assessment: If the data being collected is not available to process for any reason what will the potential impact be upon the system or organization?

yes	**The potential impact is <u>high</u> if the loss of availability could be expected to have a severe or catastrophic adverse effect on operations, assets, or individuals.**
no	**The potential impact is <u>moderate</u> if the loss of availability could be expected to have a serious adverse effect on operations, assets, or individuals.**
no	**The potential impact is <u>low</u> if the loss of availability could be expected to have a limited adverse effect on organizational operations, organizational assets, or individuals.**

11d) Integrity assessment: If the data being collected has been corrupted for any reason what will the potential impact be upon the system or organization?

yes	**The potential impact is <u>high</u> if the loss of integrity could be expected to have a severe or catastrophic adverse effect on operations, assets, or individuals.**
no	**The potential impact is <u>moderate</u> if the loss of integrity could be expected to have a serious adverse effect on operations, assets, or individuals.**
no	**The potential impact is <u>low</u> if the loss of integrity could be expected to have a limited adverse effect on organizational operations, organizational assets, or individuals.**

11e) Confidentiality assessment: If the data being collected has been shared with unauthorized individuals what will the potential impact be upon the system or organization?

yes	**The potential impact is <u>high</u> if the loss of confidentiality could be expected to have a severe or catastrophic adverse effect on operations, assets, or individuals.**
no	**The potential impact is <u>moderate</u> if the loss of confidentiality could be expected to have a serious adverse effect on operations, assets, or individuals.**
no	**The potential impact is <u>low</u> if the loss of confidentiality could be expected to have a limited adverse effect on organizational operations, organizational assets, or individuals.**

11f) What was the highest impact from questions 11c, 11d, and 11e?

High

11g) What controls are being considered for this impact level?

Facility follows NIST 800-53 security controls to mitigate incidents. Facility has an established Data Incident Response Team consisting of Senior Management officials and key personnel to investigate, notify, and remedy incidents if they occur.

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

The VistA system has been categorized as High to protect the confidentiality, integrity, and availability of the data.
The security required by Vista shall be only as stringent as necessary to provide adequate security for information in the system. The Vista system handles highly sensitive information including patient medical information, financial information and employee information.
Confidentiality ensures that data is not made available or disclosed to unauthorized individuals or computer processes. Confidentiality is critical to Vista as it contains patient identifiable information. VHA is required to ensure that identifiable health information is protected and released only with a patient's informed consent. In addition the confidentiality of sensitive and proprietary information associated with business operations such s provider contracts, personnel records, accounting information, intellectual property such as medical analytical studies, scientific investigations and quality assurance information must be protected
Recommended Confidentiality Impact Level: The provisional confidentiality impact level recommended for most health care services information is low. Because VistA Legacy, VAMC LANs, and other systems meet the requirement that unauthorized disclosure of this information such as privacy-protected medical records can have serious consequences for agency operations, the confidentiality impact level of these systems has been determined to be high**.**
Data Integrity services provide proof that data is not altered or destroyed in an unauthorized manner. The integrity of patient data within the Vista system is fundamental to quality healthcare. Malicious or accidental modification or deletion of patient data could result in incorrect diagnosis and treatment plans that are inappropriate and potentially harmful. Similarly, the integrity of the computer programs that handle healthcare data is critical to quality care and human safety. Corrupted

programs/applications within Vista could produce unreliable results or cause the denial of critical services when needed.
Recommended Integrity Impact Level: Because of the potential for the loss of human life, the provisional integrity impact level recommended for health care services information is high.
Availability refers to the ability of a system to ensure that system resources (data, computer programs and equipment, network connectivity) are accessible and operational, at the required level of performance, when they are needed. The property, along with integrity is particularly critical to Vista with respect to assuring safe operations. If the information contained in a patient record is incorrect or if a patient record can't be accessed at a critical time, the patient life could be jeopardized.
Recommended Availability Impact Level: The provisional availability impact level recommended for health care services information is high.
Based on this information, it has been determined that the Security Categorization of its systems that store or transmit electronic Personal Health Information (ePHI) and used for direct patient care as:
Security Category = (Confidentiality, High), (Integrity, High), (Availability, High)

		SECTION INCOMPLETE
	x	**SECTION COMPLETED**
		I have completed and reviewed my responses in this section.
**	**NOTE:**	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "Yes" and submit again.
		Section Update Date

Section 11 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
		The Privacy Service has reviewed and approved the responses in this section.
**	**NOTE:**	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "Yes" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

12. PUBLIC AVAILABILITY

The Electronic Government Act of 2002 requires that VA make this PIA available to the public. This section is intended to provide documented assurance that the PIA is reviewed for any potentially sensitive information that should be removed from the version of the PIA that is made available to the public.

The following guidance is excerpted from M-03-22, "OMB Guidance for Implementing the Privacy Provisions of the E-Government Act of 2002," Section II.C.3, "Review and Publication": iii. Agencies must ensure that the PIA document and, if prepared, summary, are made publicly available (consistent with executive branch policy on the release of information about systems for which funding is proposed).

1. Agencies may determine to not make the PIA document or summary publicly available to the extent that publication would raise security concerns, reveal classified (i.e., national security) information or sensitive information (e.g., potentially damaging to a national interest, law enforcement effort or competitive business interest) contained in an assessment9. Such information shall be protected and handled consistent with the Freedom of Information Act (FOIA).

2. Agencies should not include information in identifiable form in their privacy impact assessments, as there is no need for the PIA to include such information. Thus, agencies may not seek to avoid making the PIA publicly available on these grounds.

12.a) Does this PIA contain any sensitive information that could cause harm to the Department of Veterans Affairs or any party if disclosed to the public?

No

12.b) If yes, specify:

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

		SECTION INCOMPLETE
	x	**SECTION COMPLETED**
		I have completed and reviewed my responses in this section.
**	**NOTE:**	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "Yes" and submit again.
		Section Update Date

Section 12 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL

		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
		The Privacy Service has reviewed and approved the responses in this section.
**	**NOTE:**	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "Yes" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

13. ACCEPTANCE OF RESPONSIBILITY AND ACKNOWLEDGEMENT OF ACCOUNTABILITY:

13.1) I have carefully reviewed the responses to each of the questions in this PIA. I am responsible for funding and procuring, developing, and integrating privacy and security controls into the project. I understand that integrating privacy and security considerations into the project may affect the development time and cost of this project and must be planned for accordingly. I will ensure that VA privacy and information security policies, guidelines, and procedures are followed in the development, integration, and, if applicable, the operation and maintenance of this application.

13.2) Project Manager/Owner Name and Date (mm/dd/yyyy)

James Breeling, MD James L Breeling MD 2008.08.06 15:27:43 -05'00' I am approving this document

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

		SECTION INCOMPLETE
	x	**SECTION COMPLETED**
		I have completed and reviewed my responses in this section.
**	**NOTE:**	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "Yes" and submit again.
		Section Update Date

Section 13 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
		The Privacy Service has not reviewed this section.

		The Privacy Service has reviewed this section. Please make the modifications described below.
		The Privacy Service has reviewed and approved the responses in this section.
**	**NOTE:**	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "Yes" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)